

JAN 10 2006

002/013

<b>FEE TRANSMITTAL FOR FY 2005</b>		<i>Complete if Known</i>	
<i>Patent fees are subject to annual revision.</i>		Application Number	10/051,297
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	01/22/2002
		First Named Inventor	Heinz WALTER et al.
		Examiner Name	Jeffrey R. West
		Art Unit	2857
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No. 740116-358	

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEES CALCULATION (continued)</b>																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-2478(740116-358)		<b>Large Entity</b> <b>Small Entity</b> Fee Description																																				
<input checked="" type="checkbox"/> Deposit Account Name Roberts Mlotkowski & Hobbes P.C.		Fee Code (\$)	Fee Code (\$)																																			
The Commissioner is authorized to: (check all that apply)		Fee Description																																				
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Surcharge - late filing fee or oath																																				
<input checked="" type="checkbox"/> Charge any additional fee(s)		Surcharge - late provisional filing fee or cover sheet																																				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Non-English specification																																				
<b>FEES CALCULATION</b>		For filing a request for ex parte reexamination																																				
<b>1. BASIC FILING FEE</b>		Requesting publication of SIR prior to Examiner action																																				
<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee</th> <th>Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>300</td> <td>2001</td> <td>150</td> <td>Utility filing fee</td> </tr> <tr> <td>1002</td> <td>200</td> <td>2012</td> <td>100</td> <td>Design filing fee</td> </tr> <tr> <td>1003</td> <td>200</td> <td>2003</td> <td>100</td> <td>Plant filing fee</td> </tr> <tr> <td>1004</td> <td>300</td> <td>2004</td> <td>150</td> <td>Reissue filing fee</td> </tr> <tr> <td>1005</td> <td>200</td> <td>2005</td> <td>100</td> <td>Provisional filing fee</td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description		Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee	Fee		1001	300	2001	150	Utility filing fee	1002	200	2012	100	Design filing fee	1003	200	2003	100	Plant filing fee	1004	300	2004	150	Reissue filing fee	1005	200	2005	100	Provisional filing fee	Requesting publication of SIR after Examiner action	
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<b>SUBTOTAL (1) (\$ 0</b>		Extension for reply within first month																																				
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>		Extension for reply within second month																																				
<table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>-20** -</td> <td>X</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>-3** -</td> <td>X</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td>X</td> <td></td> <td>0</td> </tr> </tbody> </table>		Total Claims	Extra Claims	Fee from below	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee			-20** -	X	0	Independent Claims	-3** -	X	0	Multiple Dependent	X		0	Extension for reply within third month																
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<b>Large Entity</b> <b>Small Entity</b> Fee Description		Extension for reply within fifth month																																				
1202 50 2202 25 Claims in excess of 20		Notice of Appeal																																				
1201 200 2201 100 Independent claims in excess of 3		Filing a brief in support of an appeal																																				
1203 360 2203 180 Multiple dependent claim, if not paid		Request for oral hearing																																				
1204 200 2204 100 ** Reissue independent claims over original patent		Petition to institute a public use proceeding																																				
1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent		Petition to revive - unavoidable																																				
<b>SUBTOTAL (2) (\$ 0</b>		Petition to revive - unintentional																																				
*or number previously paid, if greater. For Reissues, see above		Utility issue fee (or reissue)																																				
<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>		Design issue fee																																				
I hereby certify that this correspondence is being:		Plant issue fee																																				
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450		Petitions to the Commissioner																																				
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300		Processing fee under 37 CFR 1.17(q)																																				
January 10, 2006		Submission of Information Disclosure Stmt																																				
		Recording each patent assignment per property (list number of properties)																																				
Date _____		Filing a submission after final rejection (37 CFR 1.129(a))																																				
January 10, 2006		For each additional invention to be examined (37 CFR 1.129(b))																																				
		Request for Continued Examination (RCE)																																				
Date _____		Request for expedited examination of a design application																																				
<b>*Reduced by Basic Filing Fee Paid</b>		<b>SUBTOTAL (3) (\$ 450.00</b>																																				

<b>SUBMITTED BY</b>					
Name (Print/Type)	David S. Safran	Registration No.	27,997	Telephone	703-584-3270-
Signature			Attorney/Agent	Date	January 10, 2006

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Alexandria, VA 22313-1450

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740116-358										
<p><b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Americanization</u>, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-273-8300, on January 10, 2006.</p> <p>Signature: <u>Kathleen M. McManus</u></p> <p>Name: Kathleen M. McManus</p>												
<p>In re Application of Heinz WALTER et al.</p> <table border="1"> <tr> <td>Application Number 10/051,297</td> <td>Filed 01/22/2002</td> </tr> <tr> <td colspan="2">For ELECTRICAL TRANSDUCER</td> </tr> <tr> <td>Group Art Unit 2857</td> <td>Examiner Jeffrey R. West</td> </tr> </table>			Application Number 10/051,297	Filed 01/22/2002	For ELECTRICAL TRANSDUCER		Group Art Unit 2857	Examiner Jeffrey R. West				
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Group Art Unit 2857	Examiner Jeffrey R. West											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td>\$450.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2478(740116-358)</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>January 10, 2006</u> Signature _____ Date _____ <u>David S. Safran</u> _____ Telephone Number _____ Typed or printed name _____</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____											

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